

00862.003194.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
ATSUSHI MATSUMOTO ET AL.) : Examiner: J.R. Pokrzywa
Application No.: 09/434,404) : Group Art Unit: 2622
Filed: November 5, 1999) :
For: IMAGE PROCESSING METHOD,) :
SYSTEM AND APPARATUS,) :
AND STORAGE MEDIUM) : July 30, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

In response to the Office Action dated April 30, 2004, please amend the above-referenced application as follows, the claims changes being reflected in the listing beginning at page 2, and the Remarks beginning at page 9.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 30, 2004.
(Date of Deposit)

FRANK A. DeLUCIA (Reg. No. 42,476)
(Name of Attorney for Applicants)

Signature

July 30, 2004
Date of Signature



2622
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In re Application of:

Docket No. 00862.003194.

ATSUSHI MATSUMOTO ET AL.

Application No.: 09/434,404

Examiner: J. R. Pokrzywa

Filed: November 5, 1999

Group Art Unit: 2622

For: IMAGE PROCESSING METHOD, SYSTEM AND APPARATUS, AND STORAGE MEDIUM

Date: July 30, 2004

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 25	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 5	MINUS	*** 6	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicants
Registration No. 42,276

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New York, New York 10112-3801
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